

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G700		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 7318 ARKANSAS AVE HAMMOND, IN 46323			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed on 2/03/2012.</p> <p>Dates of survey: April 3, 4 and 5, 2012.</p> <p>Facility number: 003148 Provider number: 15G700 AIM number: 200360500</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 4/16/2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 clients residing at the group home (client #4), to provide an annual hearing and vision evaluation/assessment.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 4/5/12 at 10:55 A.M.. Client #4's record indicated a most current hearing evaluation dated 12/8/09 and a most current vision evaluation dated 12/15/10. The record further indicated a most current physical dated 8/5/11 which failed to indicate a hearing and vision evaluation/assessment had been completed. Client #4's record did not contain evidence of an annual hearing and vision evaluation/assessment.</p> <p>The Service Coordinator (SC) was interviewed on 4/5/12 at 11:45 A.M.. The SC indicated there was no evidence of an annual evaluation/assessment of client #4's hearing and vision. No nursing staff was available for interview.</p> <p>This deficiency was cited on 2/3/12. The</p>		W0323	<p>Client will be assessed by a physician for eye and ear evaluation in a timely manner. (5/7/12)</p> <p>To ensure future compliance Community Services Nurse will monitor annual physical results when she receives the documentation. All clients will have visual and aural exams annually by general practitioner at the time of their annual physical.</p>		05/07/2012	

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	facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)						

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 medications administered to 1 of 1 client observed during medication administration (client #4) to ensure staff administered the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/3/12 from 7:45 P.M. until 8:50 P.M.. At 8:30 P.M., Direct Support Professional (DSP) #1 administered client #4's prescribed medications. DSP #1 popped each of client #1's medications onto client #4's hands, and instructed client #4 to take her medications with a cup of water. At 8:35 P.M., a review of the medication punch card and Medication Administration Record (Physician's order) dated 4/12 indicated: "Nabumetone 750 mg (milligram) tablet (arthritis)...1 tablet orally two times a day...Take with food/meal."</p> <p>An interview with DSP #1 was conducted on 4/3/12 at 8:40 P.M.. When asked what</p>		W0369	<p>Community Services Nurse will retrain all DSPs on reading and following doctor's orders for each medication. (5/4/12)</p> <p>To ensure future compliance Community Services Nurse and/or Service Coordinator will monitor medication pass at least bimonthly for sixty days and at least monthly thereafter.</p>		05/04/2012	

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	<p>time client #4 ate her last meal/food, DSP #1 stated "Around 5:30 P.M.."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 4/5/12 at 11:45 A.M.. The SC indicated client #4 should have taken her medication with food. The SC further indicated staff should have followed the directions on the label. No nursing staff was available for interview.</p> <p>This deficiency was cited on 2/3/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>						